## **ICP Forms Processing Chart**

Form Name & Number	Originals to	Copies to	Signatures	Required form?	Deadline
Participant Agreement	СМ	Part. and (Rep)	Part.	Yes	Before ICP start date
Representative Agreement	СМ	Rep.	Rep.	Yes	Before ICP start date
Statement of Understanding	СМ	Part. and Rep	Part. and Prov.	No but recomm.	Before ICP start date
Notice of Eligibility & Responsibility/541	Part.	CM & CO	NA	Yes	During the week of start date
Independent Choices Benefit Calculation/546ic	СМ	Part. & CO	NA	Yes	During the week of start date
Independent Choices Program Employee Provider(s) Information/548	СМ	со	Part. and Prov.	Yes	During the week of start date
Workers' Compensation Consent & Agreement/353	СМ	Part. & CO	Part. and Prov.	Yes	During the week of start date
Direct Deposit Request/7262i, Voided Check	со	СМ	Part. and (Rep)	Yes	During the week of start date
Service Budget Worksheet	Part.	СМ	Part./Rep. and CM	Yes (or develop their own)	Every month, CM review every 6 months
Six Month Service Budget Review Checklist	СМ	NA	NA	Yes	Every 6 months from start date
Client Choice of Service Options/914	СМ	NA	Part./Rep.	Yes and No	When client moves/to from NF

Part=Participant
Rep=Representative
CM=Case Manager
CO=Central Office-ICP coordinator
Prov=Employee Provider

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